

SURVEY AND CERTIFICATION DISCUSSION GUIDE

Team Member: _____ Individual: _____ Location: _____

Provider: _____ Date: _____

Discussion with the Person at Home - The team member should introduce him or herself and let the person know about the purpose of the discussion. Discussions do not have to be formal and the team member can talk conversationally with the person while visiting. However, discussions at home should not disrupt what the person is doing or take the person away from his or her other activities. These questions should be considered a point of departure for learning more about the person and how he or she feels about his or her home and home life. If the team member is not able to talk with the person, two other people who know the person well should be interviewed.

1. Do you like your home? (Discuss with the person what he or she likes and dislikes about his or her home.)
2. What do you do when you get home from work? On weekends? (Discuss activities the person enjoys after work, on the weekends, holidays, vacations, etc. Discuss what he or she doesn't do now but would like to do.)
3. What do you do when you go out (e.g., bank, food shopping, out to dinner)? Where do you go?
4. Tell me about the people you live with. Do you get along with your housemates? (Does the person do things with his or her housemates? Do they help each other out? Does the person like his or her housemates?)
5. What chores do you do around the house?

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6. Do you have a bank account? What do you spend your money on?
7. What are you learning to do at home?
8. What are your the things you would like to do or have? (Discuss how the services fit in with the person's goals.)
9. If the person has involved family ask: Tell me about your family? (Discuss what the person does with his or her family and/or how he or she maintains contact with family members.)
10. Tell me about your friends? Do you get to see your friends? What do you do with your friends?
11. If the person moved into this home within the past year ask: Did you chose this home? (How the person was involved in the choice. If the person made a number of visits and then made a decision. If the person visited other homes before making a choice. How the person was involved in selecting housemates.)
12. Tell me about the staff. Are staff helping to you learn different things? Do staff treat you nicely?

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13. Can you say whatever you want? (Discuss if he or she feels comfortable talking with staff and if staff protects his or her rights when needed.)
12. If you are not happy with something, what do you do? (If the person feels free to seek out someone who will assist him or her with a problem or if he or she does not feel safe.)
13. Do you feel safe in your home?
14. Do you have any hobbies or things you especially like to do? (Discuss if the person belongs to any clubs, organizations, uses the library, video store, health club etc.)?
15. What do you like best about your home? What do you like the least?
16. Is there anything you would like changed at your home? (Build upon anything that was discussed previously.)

SURVEY AND CERTIFICATION DISCUSSION GUIDE

Team Member: _____ Individual: _____ Location: _____

Provider: _____ Date: _____

Discussion with the Person at Work - The team member should introduce him or herself and let the person know about the purpose of the discussion. Discussions do not have to be formal and the team member can talk conversationally with the person. However, the discussion should take place in a private room or area. Discussions at work should not disrupt what the person is doing. These questions should be considered a point of departure for learning more about the person and how he or she feels about his or her work. If the team member is not able to talk with the person, two people who know the person well should be interviewed. This Guide can be tailored when speaking with an individual who is not working and for whom work is not a goal.

1. Tell me about your job. What do you do at work? (Discuss what the person does during the day. If the person is satisfied with his or her work or community support.)
2. Do you like working here? (What the person likes best or doesn't like about his or her work.)
3. How did you choose to work here? (How the person was involved in the choice. If the person visited other businesses or work places before making a choice.)
4. Do you like the people you work with? (Discuss if the person gets along with his or her co-workers and supervisors.)

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5. What do you do for lunch and breaks? Do you take lunch or breaks with co-workers you especially like?
6. Are you learning new things at your job? (Discuss if the person is learning to do things on his or her own).
7. Have you been able to advance at this job? (Discuss what new things the person is doing now that he or she was not able to do before.)
8. Tell me about the staff? Are they helping you to learn different things at work? Do staff treat you nicely?
9. Do you have a career goal or job that you would like to do someday? (Discuss how the current services fit in with the person's goals.)
10. Is what you are doing now going help you reach your goal?
11. When you are having a problem at your job is there someone you can go to? (Discuss if there is someone at work who helps the person solve problems or protects his or her rights when needed.)

Discussion With: _____ Team Member: _____

12. Do you make money at work? (Discuss how much and if the person is satisfied with this.)
13. Do you have benefits at this job? (Discuss whether the person has health benefits and/or can accrue vacation time.)
14. Have you learned about your rights at work? (Discuss how the person learned about his or her rights.)
15. Do you feel safe at work? (Discuss if the person has learned to use the equipment at work safely and if there is someone he can communicate with if he feels unsafe when doing a particular job.)
16. Is there anything you would like to change about your job? (Build upon anything that was discussed previously.)

SURVEY AND CERTIFICATION DISCUSSION GUIDE

Team Member: _____ Individual: _____ Location: _____

Provider: _____ Date: _____

Discussion with the Family about the Home - For these Guides, the term “family” can be broadly interpreted to include family members, guardians, a close friend, etc. It is someone close to the person, who is not paid to provide supports to the individual. These questions should be considered a point of departure for learning more about the person and how the family feels about the services their relative is receiving.

1. How long has **(name)** lived at _____?
2. Tell me what has been happening with **(name)** at his or her home over the past year or two? (How the family would describe the person’s home and home life including accomplishments the person has made, significant events, problems the person has had etc.)
3. What does **(name)** enjoy doing after work? On the weekends? (Things he or she like to do in the community, leisure activities, hobbies, classes he or she is taking.)
4. Does **(name)** belong to any clubs or organizations (e.g., social, political, self-advocacy)?
5. Does **(name)** have friends (at home, outside of the home)?

Discussion With: _____ Individual: _____

6. Does he or she have a chance to visit with friends? What does **(name)** do with his or her friends?
7. What is your impression of the house (e.g., appearance, design, layout, space)?
8. What are some of **(name's)** goals at home?
9. Are the services helping **(name)** work toward achieving these goals?
10. What progress have you seen **(name)** make over the past one or two years (e.g., communication, mobility, learning to do more on his or her own such as cook, shop)?
11. Does **(name)** receive any specialized services (e.g., neurology, counseling, speech therapy, physical therapy)? If yes, please describe.
12. What does **(name)** like to spend money on? Does anyone help him or her make these decisions?

Discussion With: _____ Individual: _____

13. How would you describe **(name's)** health services (e.g., medical, dental, psychological). Do they meet **(name's)** needs?
Are the services good?
14. Does **(name)** have a balanced diet at his or her home? Does he or she get regular exercise?
15. Is there a certain person at home that **(name)** he or she feels comfortable with in bringing up any concerns, problems or issues?
16. Do you feel staff help to solve any problems **(name)** might have?
17. Do you think **(name)** is happy with the services he or she receives from **(name of agency)**? Is there anything that he or she is not satisfied with?
18. Are you satisfied with the services **(name)** receives? Please explain.
19. Is there anything I have missed or are there other things you would like to bring up?

SURVEY AND CERTIFICATION DISCUSSION GUIDE

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Date: _____

Discussion with the Family about the Work/Community Support - For these Guides, the term “family” can be broadly interpreted to include family members, guardians, a close friend, etc. It is someone close to the person, who is not paid to provide supports to the individual. These questions should be considered a point of departure for learning more about the person and how the family feels about the services their relative is receiving. These questions can be tailored when speaking about an individual who is not working and for whom work is not a goal.

1. How long has **(name)** worked at _____?
2. Tell me what has been happening with **(name)** at his or her work place over the past year or two? (How the family would describe the person’s work or job including accomplishments the person has made, significant events, problems the person has had etc.)
3. Does **(name)** get along with his or her co-workers and supervisors at work? (If there were problems how they were resolved.)
4. What hours does **(name)** work? Is this compatible with what he or she wants?
5. What are some of **(name)** goals at work?

Discussion With: _____ Individual: _____

6. What progress has **(name's)** made over the past year or two in reaching these goals?
7. Does **(name)** earn money at work? (Discuss how much and if they feel that the person is satisfied with the earnings.) Does **(name)** get benefits at work (e.g., sick and vacation time)?
8. Has **(name)** had opportunities to try different jobs or explore different career options?
9. Are there people at work that **(name)** can communicate with if he or she had any problems or concerns about work?
10. Do you feel staff help to solve any problems **(name)** might have?
11. Do you think **(name)** is happy with the services he or she receives from **(name of agency)**? Is there anything that he or she is not satisfied with?
12. Are you satisfied with the services **(name)** receives? Please explain.
13. Is there anything I have missed or are there other things you would like to bring up?

SURVEY AND CERTIFICATION DISCUSSION GUIDE

Team Member: _____ Individual: _____ Location: _____

Provider: _____ Date: _____

Discussion with the Staff at the Home - For these Guides, the term “staff” can be broadly interpreted to include anyone who is paid to provide supports to the person. This could include direct service staff, a home provider, program manager, etc. It should be an individual who knows the person well. These questions should be considered a point of departure in learning more about the individual and the services he or she receives.

1. How long have you known **(name)**? Tell me about him or her?
2. How long has **(name)** lived here? How was she or he involved in deciding where to live and with whom? Was there family/ guardian involvement?
3. How is **(name)** involved in choosing furnishings and decor? How are his or her own preferences taken into account?
4. Does **(name)** have a roommate? Is this arrangement satisfactory?
5. Does **(name)** get along with his or her housemates? If there are conflicts, how are they resolved?
6. Does the person have input into hiring new staff or the evaluation of staff performance?

Discussion With: _____ Provider: _____

7. Were there any significant events in the person's life this past year? Please describe.
8. What contact does **(name)** have with his or her family and other extended family members? How are these relationships supported?
9. Describe a typical day for **(name)** (e.g., arise, meals, weekends, after work)? How are his or her preferences accommodated?
10. How is **(name)** involved in such day-to-day routines such as banking, budgeting, and shopping, household chores, preparing meals?
11. What does **(name)** do in his or her free time (evenings, weekends)?
12. How is **(name)** connected with his or her community (e.g., library, video store, civic advocacy)?
13. What are some of **(name)** special interests? How do you determine what she or he likes to do?

Discussion With: _____ Provider: _____

14. What does **(name)** do for vacation, religious or cultural holidays or events?
15. What opportunities does **(name)** have to get to know others? Neighbors? Health/social clubs? Church/civic groups? Does he or she attend a place of worship? Support needed?
16. Does **(name)** spend time with his or her friends? What things do they do together? How often do they get together?
17. Does **(name)** have another person he or she is particularly close to? How is this relationship maintained?
18. Has **(name)** expressed an interest in developing an intimate relationship? How was this handled? Has information about sexuality been provided (e.g., birth control, safe sex, issues of consent)?
19. What is **(name)** primary means of communication? Are any augmentative communication devices used? Is he or she readily understood by all staff?
20. What are **(name)** personal goals? How was the person supported to decide that these goals were ones that he or she really wanted to work on? Is he or she experiencing success? Barriers?

Discussion With: _____ Provider: _____

21. What routine things does **(name)** do independently?

22. What things require support? How is support provided? Assistive technology?

23. Is there anything that **(name)** has difficulty doing because of the lack of modification, equipment, clinical support or other resources? Please describe.

24. What is **(name)** religious or cultural background? Are there opportunities for **(name)** to attend services or become involved with his or her place or worship?

25. Are there any house rules? What are they? How were they established? What input did he or she have in developing the rules?

26. Has **(name)** ever reported concerns about his or her treatment by others? If so, what action was taken? Resolutions?

27. How did **(name)** learn about his or her rights and responsibilities? Does he or she require support to exercise his or her rights? How is this provided?

Discussion With: _____ Provider: _____

28. Does **(name)** have unique needs (e.g., health, mobility, vision/hearing patterns of behavior)? Describe.

29. How are these needs met (e.g., medication/diet, equipment to facilitate mobility, safety devices, behavior plans, medications to modify behavior)? Please describe.

30. How and where are health care services provided? How is the person (and his or her family and/or guardian) involved in making decisions about his health care? Did he or she have any medical issues over the past year or two? Please describe.

31. Do you think **(name)** is satisfied with his or her living situation? How are concerns addressed?

32. Is there anything else about **(name)** that you would like to share?

Team Member: _____ Individual: _____ Location: _____

Provider: _____ Date: _____

Discussion with Staff at Work - For these Guides, the term “staff” should be broadly interpreted to include anyone who is paid to provide supports to the individual. This could include direct service staff, job coach, supervisor, program manager, etc. It should be a person who knows the individual well. These questions should be considered a point of departure in learning more about the individual and the services he or she receives. These questions can be tailored when speaking about an individual who is not working and for whom work is not a goal.

1. How long have you known **(name)**? Tell me about him or her?
2. Describe the work and/or activities **(name)** does on a day-to-day basis. Does the routine vary? Are there opportunities to try different jobs or activity?
3. How long has **(name)** worked here? How was the work or site selected? How was he or she involved in this decision?
4. How does **(name)** make choices about the work or other activities he or she does?
5. What are **(name)** work or career goals? How did **(name)** explore his or her skills, interests and preferences for work? What opportunities were there to learn about or try different types of work?

Discussion With: _____ Provider: _____

6. How did **(name)** find this job?
7. What supports does your agency provide to **(name)** at his or her job (supported/competitive work)?
8. Is he or she experiencing success at this job (e.g., raises, opportunities for advancement, do a different job)?
9. Does **(name)** receive wages and benefits (e.g., vacation, bonus)? How are they determined? How is he or she paid?
10. How is **(name)** work performance evaluated?
11. If **(name)** is at a supported employment site, who supervises him or her?
12. Are there any social activities at work in which **(name)** participates (e.g., annual picnic, dinner)?

Discussion With: _____ Provider: _____

13. What does **(name)** do during breaks and for lunch? Are there certain people he or she likes to take breaks or have lunch with?
14. What is **(name's)** primary means of communication? Is augmentative communication used? Is he or she readily understood by others where she or she works? Clinical/technical support?
15. Does **(name)** have unique needs (e.g., health, mobility, vision/hearing, patterns of behavior)? Please describe.
16. How are these needs met (e.g., equipment, behavior plans, staff support)? Does he or she take medications at work?
17. Is there anything **(name)** has difficulty with due to lack of modifications, equipment, clinical supports, or resources?
18. How did **(name)** learn about his or her rights and responsibilities as an employee?
19. Has **(name)** ever reported concerns regarding his or her treatment by others? If so, what action taken? Are you aware of complaints reported on behalf of this person? Resolution?

Discussion With: _____ Provider: _____

20. Is **(name)** satisfied with his or her work situation? How are any concerns addressed?

21. Is there anything else about **(name)** that you would like to share?

SURVEY AND CERTIFICATION DISCUSSION GUIDE

Team Member: _____

Discussion With: _____

Provider: _____

Date: _____

Discussion with the Executive Director - This discussion may also include other key managers within the organization. These questions should be considered a point of departure for the survey team in learning about the organization.

1. Please describe your organization (e.g., size, services provided, unique features).
2. What is the essential purpose or mission of the organization? How has the mission evolved over the years?
3. How do you assure that the mission permeates throughout the organization so that everyone is clear about the agency's goals and purpose?
4. How do you support continued growth and change within your organization? Who do you involve? How do you incorporate input into Your ongoing planning and policy development?
5. Please discuss your process for recruiting staff including who is involved in the process. What strategies have been particularly effective in recruiting competent support staff?
6. How do you support staff to increase their knowledge so that positive outcomes for individuals can be sustained and improved over time? (e.g. training and education opportunities, enhancement of innovation and creativity, ways to solve problems and share with others, use of staff evaluations, incentives for good performance).

Discussion With: _____ Provider: _____

7. Please describe your agency's strategies for affirming and protecting individuals' rights.
8. What strategies do you use to safeguard individuals across settings and over time? What are your systems for reviewing such information as significant incidents, results of investigations, restraint repots, and medication occurrences? When patterns and trends emerged from your review what action did the agency take to safeguard individuals and minimize recurrence?
9. What systems do you have in place for emergencies (e.g. on-call systems)? What are the agency's contingencies when staff may not be available at a particular location?
10. Please describe any significant changes within the organization over the past year or two. Did these changes affect services and individual either positively or negatively (how addressed)?
11. Are there other things we have not discussed that you wish to share with us about your organization?